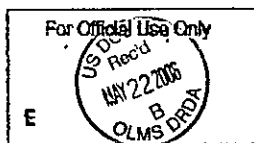


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0180
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 517059 5290		2. Fiscal Year Covered From: 01/01/05 Through: 12/31/05	
3. Name and address of person filing. Name Martin Lucero P.O. Box, Bldg., Room No., if any Street 2509 Bixby St. NW City Albuquerque State New Mexico ZIP Code + 4 87120		4. Name, file number, and address of labor organization. 517059 Name NPMHU Local 331 Labor Organization File Number 517-059 P.O. Box, Building and Room Number, if any: 25364 Street City Albuquerque State New Mexico ZIP Code + 4 87125-0364	
5. Position in labor organization. Health Plan Rep. (Mail Rndler benefit Plan)			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

5-15-06 505-346-8097

Name of Person Filing <u>Martin Lucero</u>		File Number U- <u>517059</u>	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>			
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>First Health</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>3200 Highland Avenue</u></p> <p>City <u>Downers Grove</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60515</u></p>		<p>9. Business deals with:</p> <p><input checked="" type="radio"/> a. Labor Organization</p> <p><input type="radio"/> b. Trust</p> <p><input type="radio"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>11.a. Nature of such dealing.</p> <p><u>Administrator of health Plan</u></p>	
<p>11.b. Approximate dollar value of such dealing. <u>Over \$1 billion</u></p>		<p>12.a. Nature of interest held or income received.</p> <p><u>Food, Transportation (Local), Refreshments</u></p>	
<p>12.b. Amount. <u>305²⁰⁰/hr</u></p>		<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>		<p>14.a. Nature of payment.</p> <p>_____</p>	
<p>13.b. Is the Business an Employer or Consultant ?</p> <p>_____</p>		<p>14.b. Amount of payment.</p> <p>_____</p>	